

bar@ibol.state.id.us & cos@ibol.state.id.us

STUDENT REGISTRATION FORM

attached. FEES ARE NONREFUNDABLE. Returned checks are subject to a \$20.00 collection fee.

NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS. THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING. As noted in Idaho Code, the Board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following: The conviction of a felony; Malpractice or incompetence; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the applicable laws or rules.

I hereby submit my application to be registered as a student in: (please check ONE box only)

☐ Cosmetology ☐ Nail Technology ☐ Esthetics ☐ Electrology ☐ Barbering ☐ Barber-Styling
in the State of Idaho under the provisions of Title 54, Chapter 5, or Chapter 8, Idaho Code as amended.

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____

(The above address is public record) Street City State Zip

3. Mailing address_____

(The above address is not public record)	Street	City	State	Zip
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4. **Place of Birth** _____ **Date of Birth** ____/____/____

city & state month day year

(School must receive proof of being at least 16 ½ years of age. Birth certificate, passport, or valid driver's license is acceptable.)

5. SS # _____ - _____ - _____ Phone number (____) _____ E-mail _____

6. Do you have at least a tenth (10th) grade education or the equivalent? **[]Yes []No**
(Proof of education must be provided to the school. i.e., a copy of your school diploma, transcript, GED, or equivalent)

7. Name of Cosmetology school you will attend and date training will begin:

Name of school	Date training begins
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8. Have you ever been convicted of any State or Federal felony? **[] Yes [] No**
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

9. Have you received prior cosmetology or barber training in Idaho? **[]Yes []No**
(If Yes, please attach the name of the school you attended, your name (if different), and the dates you attended.)

10. Are you or have you ever been licensed in any other jurisdiction? **[] Yes** **[] No**
(If Yes, certified documentation must be received by the Board directly from each licensing authority.)

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11. Have you ever had a license revoked, suspended, or otherwise sanctioned? ☐ Yes ☐ No

(If Yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

APPLICANT AFFIDAVIT

I hereby certify under oath that I have reviewed the requirements for training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release upon request of information about me that may otherwise be protected or confidential to other governmental entities.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

SCHOOL AFFIDAVIT

I certify that I have reviewed the requirements for training and understand that a student may not practice independently and must receive all training under the immediate personal supervision of an appropriately licensed instructor. I further certify that I agree to comply with all laws and rules concerning training and that any failure to comply with those requirements may result in disciplinary action against any personal licenses and/or any facility licenses I may hold.

I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I certify that I am an agent of the aforementioned school and that the named applicant is being registered within five (5) days of beginning the training for which the applicant is registering. I further certify that I have received and have on file acceptable documentation that the applicant is not less than 16 ½ years of age and that the applicant has met the 10th grade education requirement.

Print school agent name

Signature of school agent

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____